

Name in Full

Certificate of Death

Samuel H Anderson

Died at ^{Town} Chester ^{County} D. A.

MARYLAND

Date ¹⁹⁰² 189 ^{Month} Nov ^{Day} 26 ^{Y.} Age ^{M.} 36 ^{D.} ^{Native of} Maryland ^{Occupation} Typewriter
 Male ^{White} ^{Married} ^{Widow} ^{Divorced}
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Mollie Tull

Father's Name Anderson Mother's Name Anderson

Cause of Death { Primary Pulmonary Tuberculosis How long sick 2 years
 Immediate Accident, Suicide, Homicide

Reported by Wm. T. Henry 27Address Kent Island, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Wm. T. Henry,
of Smith Island Ind.

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name
in
Full

CERTIFICATE OF DEATH

Miss Annie Baxter

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Church Hill		Queen Anne					
Date	Month	Day	Age	Years	Months	Days	
of death 1902	Nov	8th	70		10	8	
Sex	Female		Color or Race	White		Birth-place	Near Church Hill
Married, Single or Widowed	Single		Occupation	Housekeeper			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Jas. S. Baxter				Near Church Hill			
Mother's Maiden Name				Mother's Birthplace			
Mary Cook				" " "			
Name of person giving information				How related to deceased			
Clinton C. Baxter				Brother.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	5 or 6 months
Immediate	Bright's Disease	How long	" "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Bruce Simmons
		Address	Chester town Md.
Accident or Suicide?	no		

Church Hill Camp

Name
in
Full

CERTIFICATE OF DEATH

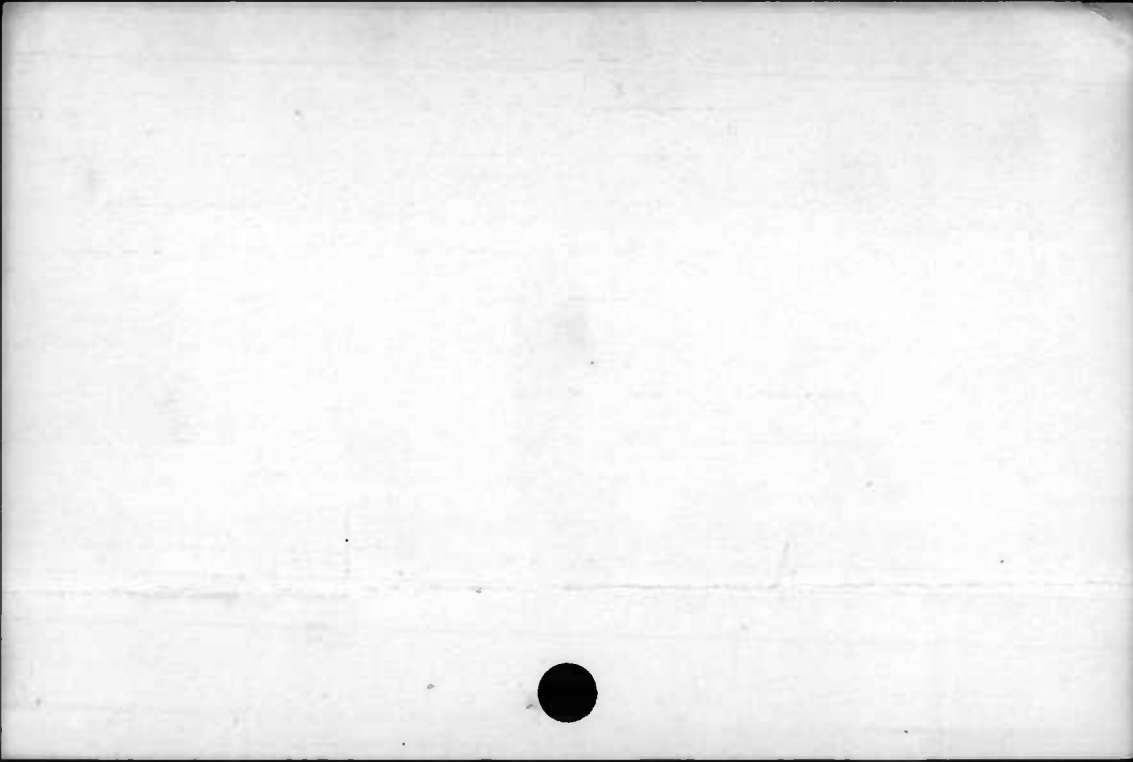
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtville</i> ^{Town}		<i>Farmers</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>11</i>	Day <i>15</i>	Age <i>74</i> ^{Years}	Months <i>6</i>	Days <i>15</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Farmers</i>		<i>leo</i>	
<input checked="" type="checkbox"/> Married, Single or Widowed			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>_____</i>					
Father's Name <i>_____</i>				Father's Birthplace <i>_____</i>	
Mother's Maiden Name <i>_____</i>				Mother's Birthplace <i>_____</i>	
Name of person giving information <i>120</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>4 or 5 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. H. Frank</i>
	Address <i>Cumtville</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Charlie Handy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Starr		County Queen Anne's		MARYLAND	
Date of death	1903	Month Nov	Day 30	Age 9	Years	Months	Days
Sex	male		Color or Race	Negro		Birth- place	Starr
Married, Single or Widowed	no			Occupation none			
Name of Wife or Husband							
Father's Name	Geo. Handy				Father's Birthplace	T.A. Co.	
Mother's Maiden Name	Lucy Wilson				Mother's Birthplace	Pa.	
Name of person giving Information	Geo Handy				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria Fever	How long	Two Months
Immediate	Pneumonia	How long	10 Days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address see other side	
Accident or Suicide?			

Child was attended by Dr
M.D. Dray who at this time is
absent from home
This case is reported by
Capt. W. Edwin Undertaker

Name In Full

Certificate of Death

Jennett Higgins

Town

County

Died at

Mary

Queen Anne

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

11

4

Age

3

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~Number of children livingHusband
of

Wife

Father's

Name

John Higgins

Mother's

Maiden Name

Rosa Rose

Cause of

Primary

How long sick

3 days

Death

Immediate

Throat

Accident, Suicide, Homicide

Reported by

Father of child John Higgins

Address

J. F. Russon

Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hillman M. L.

LIBRARY BUREAU, 79898

No Leontis in attenuata

Mary Hallie Keenard
 Town *Crumpston* County *Queen Anne's* MARYLAND
 Died at *Crumpston*
 Date 19 *02* Month *Nov* Day *4* Age *14-11-14* Native of *Maryland* Occupation *school girl*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living *—*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

8 weeks.~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Wm. H. Long

Town Chester County Md. MARYLAND

Died at

Month Nov Day 13 Y. 23 M. D.

Date 1902

Age 23

Native of Md

Occupation Oysterman

Male White Married Widower Divorced

Female Colored Single Widower

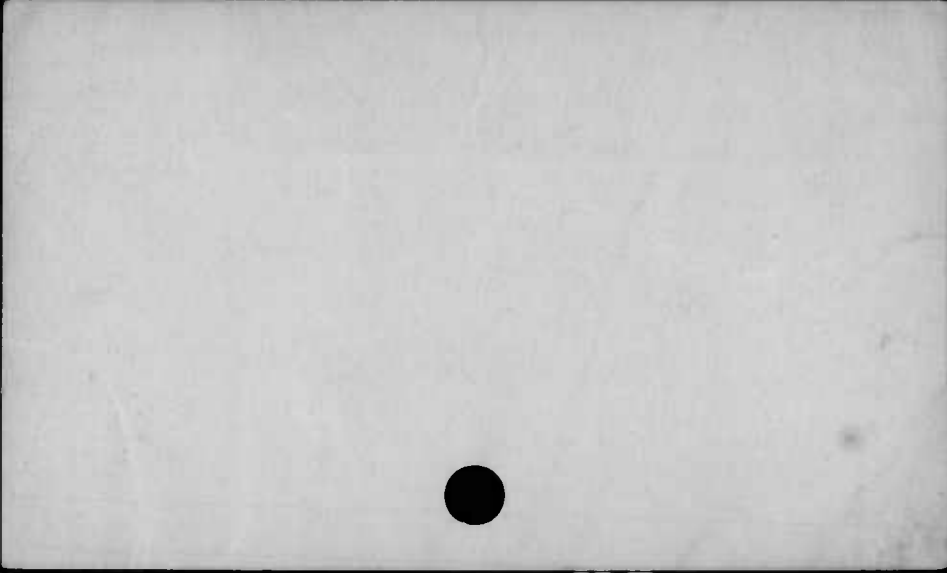
Number of children living 0

Husband of Maudie Wiggin
 Wife John T. Long
 Father's Name Martha Chilcott
 Mother's Maiden Name

Cause of	Primary	Tuberculosis	How long sick	3 yrs 20
Death	Immediate	of Lungs & Throat	Accident, Suicide, Homicide	

Reported by *Wm. G. Avery*
Address *Kent Island, Me.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sallie Merchant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Church Hill		County		2 a es		MARYLAND	
Date	Month	Day	Years	Months	Days				
of death 1902	Nov.	7-	Age 19-						
Sex	Female		Color or Race	White		Birth-place	Maryland		
Married, Single or Widowed	Married		Occupation	Housewife					
Name of Wife or Husband	Wm E Merchant								
Father's Name	James Goelwin					Father's Birthplace			
Mother's Maiden Name	Mary E Griffin					Mother's Birthplace			
Name of person giving information	W E Merchant					How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	about 10 months
Immediate	Asthma		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. G. Coppage M.D.	
		Address	Church Hill	
			Md.	
Accident or Suicide?				

Church Hill County

Name in Full

Certificate of Death

Name Susan A. Sparks

Died at ^{Town} Centerville ^{County} Q. A. Co.

MARYLAND

Date 19 ^{Month} Nov. ^{Day} 2 Age ^{Y.} 72 ^{M.} ^{D.} ^{Native of} Md. ^{Occupation} None

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~ ^{Female} ~~Goldred~~ ^{Single} ~~Widower~~ Number of children living 4

Husband of ^{Wife} Susan A. Sparks

Father's Name Jas. Godwin ^{Mother's Maiden Name} 79

Cause of ^{Primary} Obstruction cardiac disease ^{How long sick} 2 years

Death ^{Immediate} Cardiac haemoptysis ^{Accident, Suicide, Homicide}

Reported by Jas. Bordley M.D.

Address Centerville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eloise Katherine Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chester</u> Town		<u>Lewis</u> County		MARYLAND	
Date of death 190 <u>2</u> Month <u>Nov.</u> Day <u>23</u> Age <u>1</u> Years Months <u>2</u> Days <u> </u>	Sex <u>Female</u>		Color or Race <u>Caucasian</u>	Birth-place <u>Chester</u>	
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Robt. W. Taylor</u>			Father's Birthplace <u>Kent Island</u>		
Mother's Maiden Name <u>Amelia Laebus</u>			Mother's Birthplace <u>Baltimore</u>		
Name of person giving information <u>Robt. W. Taylor</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bronchitis</u>	How long <u>about 1 wk.</u>
Immediate <u>Broncho-Pneumonia</u>	How long <u>3 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>(weight from respiratory failure) yes</u>	Signature of Physician <u>Keup Snyder</u>
	Address <u>Kent Island Md.</u>
Accident or Suicide? <u> </u>	

9



Name
in
Full

Herbert Tent.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Templeville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death 190	2	Month <i>11</i>	Day <i>10</i>	Age Years	Months <i>2</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Templeville</i>				
Married, Single or Widowed <i>—</i>				Occupation <i>Drum +</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Smile Tent</i>				Father's Birthplace <i>Templeville</i>			
Mother's Maiden Name <i>Lucy Krotts</i>				Mother's Birthplace <i>Templeville</i>			
Name of person giving In formation <i>Joe Chough</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmas</i>	How long <i>3 mo.</i>
Immediate <i>Exhaustion</i>	How long <i>1 w 1/2</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. E. Golley</i>
	Address <i>Templeville Md</i>
Accident or Suicide?	



Name
in
Full

John W. Tydings

CERTIFICATE OF DEATH

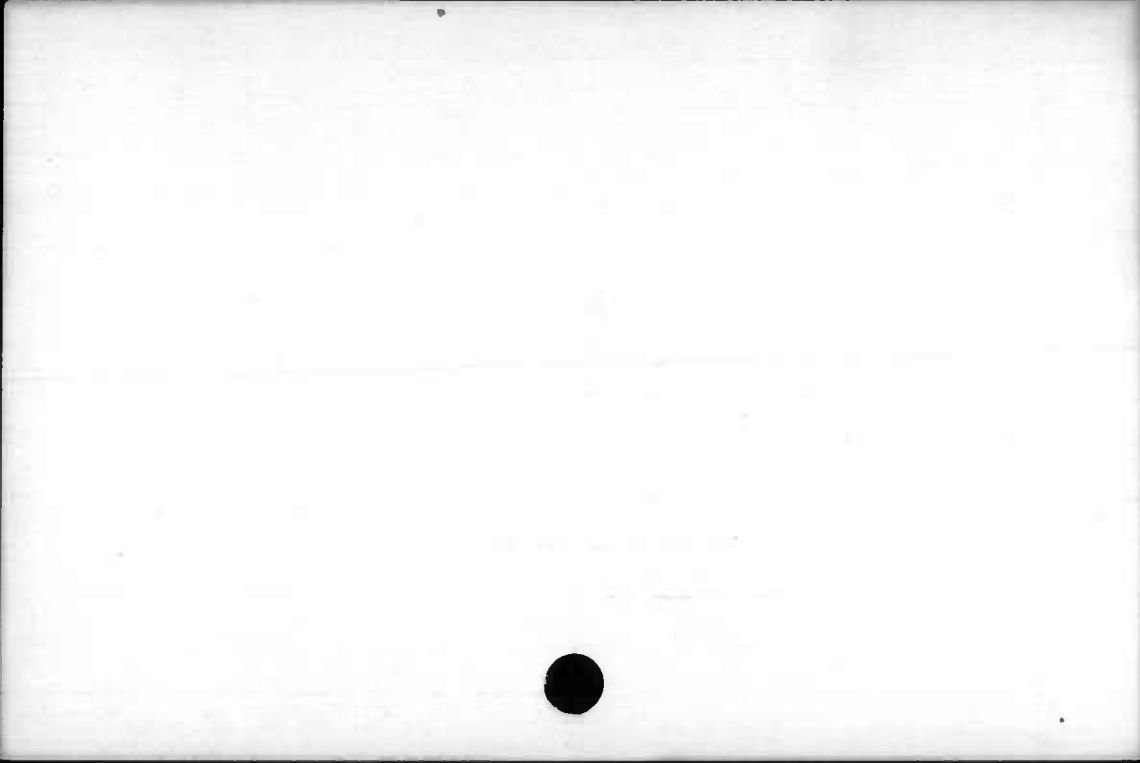
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake Bay</i>		Town		County		MARYLAND	
Date of death 1902	Month <i>Nov</i>	Day <i>28th</i>	Years <i>43</i>	Age		Months	Days
Sex <i>Male</i>	Color or Race Colored <i>White</i>		Birth- place <i>Annapolis</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Waterman</i>				
Name of Wife or Husband							
Father's Name <i>John W. Tydings</i>				Father's Birthplace <i>St. County</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving In formation				<i>172</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accidental</i>	How long
Immediate	<i>Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. G. June coroner</i>
<i>Yes</i>		Address <i>Kent Island Queen Anne County</i>
Accident or Suicide?		



Name in Full

Certificate of Death

Mary E. Muelton

Town

County

Died at near Church Hill Sumner

MARYLAND

Date 1902 11 6 Age 26 2 Native of Md Occupation none

Male White Married Widow Divorced
 Female Colored Single Widowed Number of children living

Husband
of
Wife

Father's Name Geo Muelton

Mother's Name Fannie Powell Muelton

Cause of Death { Primary Choking Cough
 Immediate Erysipemia

How long sick 3 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55958

Chun et Ducci Bunch.

Name
in Full

Myrtle Beatrice Watkins

CERTIFICATE OF DEATH

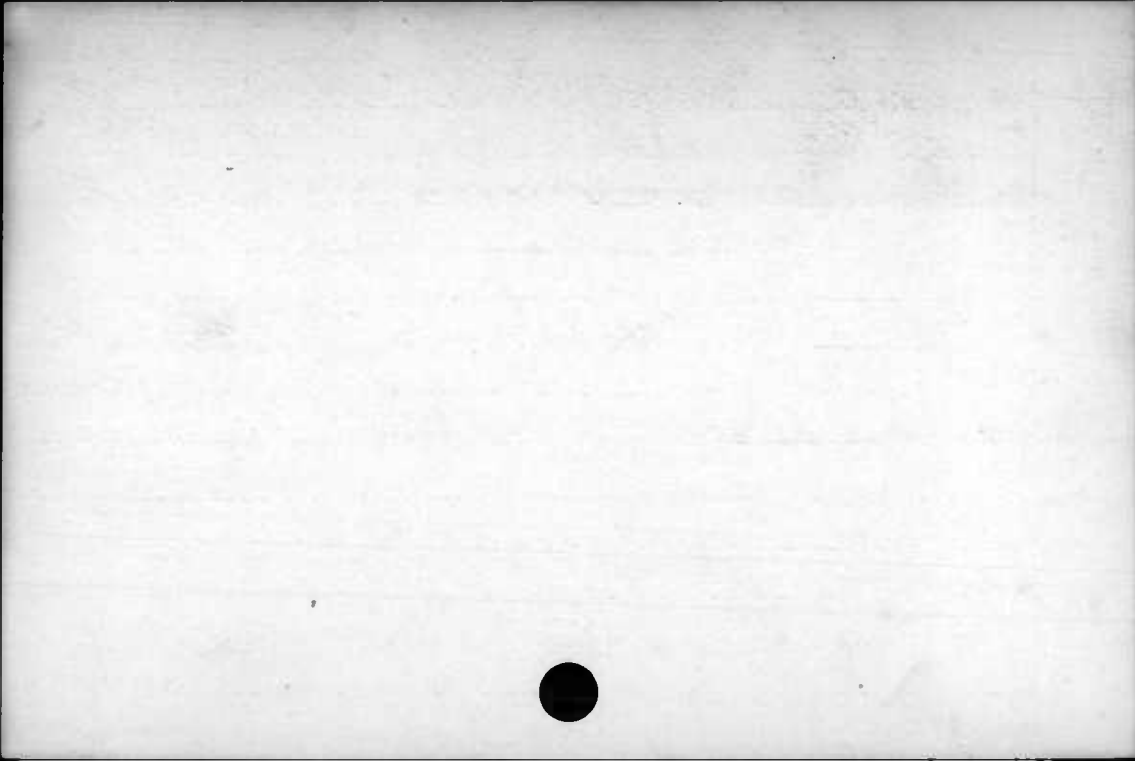
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chester</u> <small>Town</small>		<u>Queen Anne</u> <small>County</small>		MARYLAND	
Date of death 190 <u>7</u>	<u>Nov</u> <small>Month</small>	<u>14</u> <small>Day</small>	Age <u>5</u> <small>Years</small>	<u>9</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Chester</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Charles Watkins</u>			Father's Birthplace <u>Chester</u>		
Mother's Maiden Name <u>Christina Delaney</u>			Mother's Birthplace <u>Baltimore</u>		
Name of person giving information <u>Charles Watkins</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Valvular Disease of heart</u>	How long <u>5 mos.</u>
Immediate <u>Asthma</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Kemp Snyder</u>
	Address <u>New Island Md.</u>
Accident or Suicide? <u>—</u>	



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

of

Eunice Wilson

Maiden Name

Susie Wilson

Primary

Immediate

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79892



Name
in
Full

Carrie Woodall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ingleside		County Anne		MARYLAND	
Date of death 1902		Month Nov.		Day 10		Age 35	
Sex Female		Color or Race Caucasian		Birth- place			
Married, Single or Widowed		Married		Occupation Lady			
Name of Wife or Husband		Chas. W. Woodall					
Father's Name		John Barrow				Father's Birthplace	
Mother's Maiden Name		Mary Hulston				Mother's Birthplace	
Name of person giving Information		Mary Embert				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Convulsion		How long	
Immediate		Concussion 2 in of brain		How long 24 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			
		Ingleside Md			
Accident or Suicide?					

Myloche C. E. E. E.

Name
in
Full

Oscar Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Flat Iron Square</i>		Town <i>Queen Anne's</i>		County		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Nov</i>	Day <i>8</i>	Age	Years	Months <i>2</i>	Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Flat Iron Square</i>			
Married, Single or Widowed _____				Occupation _____			
Name of Wife or Husband _____							
Father's Name <i>Wm Henry Wright</i>				Father's Birthplace <i>Sprind Neck</i>			
Mother's Maiden Name <i>Elnora Snell</i>				Mother's Birthplace <i>Rick Neck</i>			
Name of person giving information <i>Wm H Wright</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute Incontinence</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. S. Dudley</i>
	Address <i>Church Hill Maryland</i>
Accident or Suicide?	

Church & Co. (Cal)